

# GIRL TALK | Teen Baseline 1 (Prenatal) Questionnaire— Administered at Postpartum

ENTER TEEN ID: \_\_\_\_\_

## 1. WHEN IS INTERVIEW ADMINISTERED?

- 01. PRENATAL
- 02. POSTPARTUM

## SECTION A: DEMOGRAPHICS & WORK AND SCHOOL HISTORY

To start I'd like to ask you some background questions.

### 1. Were you born in the U.S.?

- 01 Yes
- 02 No

### 2. What is your ethnic background or race? SELECT ALL THAT APPLY.

- 01. BLACK, AFRICAN AMERICAN
- 02. LATINA OR HISPANIC (ASK 2a)
- 03. WHITE
- 04. ASIAN
- 05. SOME OTHER RACE (ASK 2SP)  
2 SP. Specify \_\_\_\_\_

(ASK ONLY IF Q2=02)

#### 2a. When you said you were Latina, do you also consider yourself...

- 01. White,
- 02. Black , or
- 03. Another race?

### 3. Before you got pregnant, did you work outside the home for pay? This includes both regular jobs and things like baby-sitting or housecleaning.

- 01 Yes
- 02 No (**SKIP TO 5a**)
- 9 Refused (**SKIP TO 5a**)

### 4. How many hours did you spend working for pay in a typical week? Would you say...

- 01 Less than 10
- 02 10-20 hours per week on average
- 03 21-30 hours per week on average
- 04 More than 30 hours per week on average

### 5a. How many middle schools have you attended?

\_\_\_\_\_ (LIMIT= 0-20)

### 5b. How many high schools have you attended?

\_\_\_\_\_ (LIMIT= 0-20)

**6. Have you ever been in special education or special classes?**

01 Yes

02 No **(SKIP TO Q8)**

**7. Why were you in special education or special classes?  
(MARK ALL THAT APPLY)**

01 READING PROBLEMS/DYSLEXIA

02 MATH PROBLEMS

03 ATTENTION PROBLEMS OR ADHD

04 LEARNING DISABILITY

05 SLOW LEARNER

06 BEHAVIOR OR EMOTIONAL PROBLEM

07 OTHER (ASK 7SP)

7SP. Specify: \_\_\_\_\_

**8. In order to best meet your needs we need an understanding of the words you know. I am going to read you a list of words. For each word please tell me what you think it means.**

	0	1	2
<b>a. Bird</b>			
<b>b. Calendar</b>			
(IF BOTH 8a AND 8b=2, SKIP TO 8k and give full credit for a-j. IF NOT, GO TO 8c)			
	0	1	2
<b>c. Car</b>			
<b>d. Flashlight</b>			
<b>e. Shoe</b>			
<b>f. Shirt</b>			
(IF 8a and 8c each=2, SKIP TO 8k and give full credit for d-j. If 8c and 8 d each =2 SKIP to 8k and give full credit for e-j If 8d and 8e each=2 SKIP to 8k and give full credit for f-j. IF 8e and 8f each =2 SKIP to 8k and give full credit for g-j IF 8f=0 OR 1, GO TO 8g.)			
	0	1	2
<b>g. Fish</b>			
<b>h. Shovel</b>			
<b>i. Map</b>			
<b>j. Shell</b>			
(FOR 8k-8l, IF 0 IS ENTERED 5 TIMES CONSECUTIVELY, SKIP TO Q9.)			

	0	1	2
<b>k. Number</b>			
<b>l. Bell</b>			
<b>m. Lunch</b>			
<b>n. Police</b>			
<b>o. Vacation</b>			
<b>p. Pet</b>			
<b>q. Balloon</b>			
<b>r. Transform</b>			
<b>s. Alligator</b>			
<b>t. Cart</b>			

	0	1	2
u. Blame			
v. Dance			
w. Purpose			
x. Entertain			
y. Famous			
z. Reveal			
aa. Decade			
bb. Tradition			
cc. Rejoice			
dd. Enthusiastic			
ee. Improvise			
ff. Impulse			
gg. Haste			
hh. Trend			
ii. Intermittent			
jj. Devout			
kk. Impertinent			
ll. Niche			

IF TOTAL<28, ADD ERROR ALERT WITH TEXT "RESPONDENT COGNITIVE ABILITIES ARE BELOW LEVEL. PLEASE END INTERVIEWS NOW.).

9. Have you had any of the following problems in school?	01 Yes	02 No
a. Getting yelled at by a teacher for acting up in class		
b. Getting caught smoking in school		
c. Cheating on a test		
d. Cutting a class at school		
e. Being expelled		
f. Being suspended		
g. Failing at least one class		
h. Skipping school		
i. Fighting		
j. Dropping out or quit going		
k. Any other problems? (IF YES, ASK 9SP)		
9SP. Specify _____		

**10. Have you ever been held back in school?**

- 01 Yes  
02 No {IF 10=No, SKIP TO 12}

**11. Why were you held back? ( MARK ALL THAT APPLY)**

- 01 FAILED AND WERE HELD BACK  
02 SKIPPED SCHOOL AND WERE HELD BACK  
03 TOO MANY ABSENCES AND WERE HELD BACK  
04 MISSED SCHOOL BECAUSE OF ILLNESS AND WERE HELD BACK  
05 DROPPED OUT FOR A WHILE  
06 DON'T KNOW WHY  
07 OTHER (ASK 11SP)  
11SP. Specify: \_\_\_\_\_

<b>12.</b>	<b>Have you ever received special praise, an award, or recognition for any of the following school activities?</b>	<b>01 Yes</b>	<b>02 No</b>
a.	Being on the honor roll		
b.	Sports team		
c.	School paper or Yearbook		
d.	School Government		
e.	Peer Counselor		
f.	Community Service		
g.	Art Recognition		
h.	Cheering Squad		
i.	Anything else? (ASK 12SP)		
12SP Specify _____			

<b>13.</b>	<b>Now think back to before you were pregnant, and tell me how much do you agree or disagree with the following statements. (USE SHOWCARD 1)</b>	<b>01 Strongly agree</b>	<b>02 Agree</b>	<b>03 Not Sure</b>	<b>04 Disagree</b>	<b>05 Strongly disagree</b>
a.	At school I tried as hard as I could to do my best work. Would you say you...					
b.	It was important to me to get good grades. Would you say you...					
c.	It bothered me when I didn't do something well.					
d.	I got a lot of encouragement at my school.					

<b>14.</b>	<b>Still thinking back to before you were pregnant, how often did you...? (USE SHOWCARD 2)</b>	<b>01 Usually</b>	<b>02 Sometimes</b>	<b>03 Never</b>
a.	Feel bored at school? Would you say...			
b.	Go to classes without bringing paper or something to write with? Would you say...			
c.	Go to classes without your homework finished?			
d.	Go to classes without your books?			

<b>15.</b>	<b>Still thinking back to before you were pregnant, how true are the following statements about you and your school? (USE SHOWCARD 3)</b>	<b>01 Not at All True</b>	<b>02 A Little True</b>	<b>03 Pretty Much True</b>	<b>04 Very Much True</b>
a.	At my school there was a teacher or some other adult who told me when I did a good job. Is this...				
b.	At my school there was a teacher or some other adult who listened to me when I had something to say. Is this...				
c.	who believed that I would be a success.				
d.	who showed they cared about me.				

16. Now please tell me how much you agree or disagree with the following statements. (USE SHOWCARD 4)	01 Strongly agree	02 Agree	03 Disagree	04 Strongly disagree
a. At my school, everyone knows that you'll get in trouble for using alcohol or other drugs. Do you...				
b. In my neighborhood, there are a lot of people who care about me. Do you...				
c. If one of my neighbors saw me doing something wrong, he or she would tell one of my parents.				

17. Do you feel safe in your neighborhood?

- 01 Yes
- 02 No

The next few questions are about religion

18. Now, please tell me..Do you consider yourself...?

- 01. Christian, **{GO TO 19}**
- 02. Muslim, **{SKIP TO 20}**
- 03. Jewish, or **{SKIP TO 20}**
- 04. Something else?**{GO TO 18a}**
- 05. NONE **{SKIP TO 20}**

18a. SPECIFY. \_\_\_\_\_ **{SKIP TO 20}**

19. Do you consider yourself...?

- 01. Catholic,
- 02. Baptist,
- 03. AME,
- 04. Jehovah's Witness,
- 05. Seventh Day Adventist,
- 06. Pentecostal, or
- 07. Something else? **{Go to 19a}**

19a. SPECIFY OTHER. \_\_\_\_\_

20. About how often do you participate in worship services, church meetings, or other religious activities?

- 01. MORE THAN ONCE A WEEK
- 02. WEEKLY
- 03. ABOUT 2 OR 3 TIMES A MONTH
- 04. ABOUT ONCE A MONTH
- 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
- 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
- 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

21. How connected or close do you feel to your religious group? Would you say...

- 01 Not very close
- 02 Somewhat close
- 03 Quite close
- 04 Very close

22. How important would you say that faith or spirituality is in your life? Would you say this is...

- 01 Very important,
- 02 Somewhat important, or
- 03 Not important?

23. Does your religion or church disapprove of the use of birth control?

01. Yes

02. No

24. Do you listen to church services on radio or watch on TV?

01. Yes

02. No

## **SECTION B: RELATIONSHIP WITH PARENTS (MOTHER, MOTHER FIGURE, FATHER, FATHER FIGURE, PARENTS)**

### **SECTION B0: IDENTIFY M-F**

#### **A. TEEN HAS:**

01. M-F IS BIOLOGIC MOM (SKIP TO SECTION B2 MOTHER-FIGURE)

02. M-F IS NOT BIOLOGIC MOM (GO TO SECTION B1 BIO MOTHER)

A\_SP SPECIFY RELATIONSHIP OF TEEN'S M-F: \_\_\_\_\_  
(use this for programming.)

03. NO M-F IN STUDY (GO TO SECTION B1 BIO MOTHER)

### **SECTION B1: BIOLOGIC MOTHER**

(ASK THIS SECTION ONLY IF SECTION B0\_A= 02 or 03)

The next few questions are about your biologic mother, that is, the mother you were born to.

1. Is your biologic mother still living?

01 Yes {SKIP TO Q2}

02 No {ASK Q1a}

03 DON'T KNOW {SKIP TO Q2}

1a. How old were you when she died?

\_\_\_\_\_ years old (RANGE 0-19)

-8 DON'T KNOW

2. How old was she when she had her first baby?

\_\_\_\_\_ years old (RANGE 0-50) {SKIP TO Q3}

-8 DON'T KNOW (ASK 2a)

2a. Was she a teenager when she had her first baby?

01 Yes

02 No

03 DON'T KNOW

3. How far in school did your biologic mother go?

- 01 COMPLETED GRADE SCHOOL OR LESS
- 02 SOME HIGH SCHOOL
- 03 COMPLETED HIGH SCHOOL
- 04 SOME COLLEGE
- 05 COMPLETED COLLEGE
- 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE
- 8 DON'T KNOW

4. Was she born in the United States?

- 01 Yes
- 02 No
- 8 Don't know

(IF Q.1 MOTHER STILL LIVING = NO (Mother deceased), THEN AFTER Q4, SKIP TO SECTON B2: MOTHER FIGURE).

5. Does your biologic mother currently live in this household?

- 01 Yes or Sometimes {SKIP TO Q9}
- 02 No

6. When did you last live with her?

- \_\_\_\_\_ # weeks ago (RANGE 0-4)
- \_\_\_\_\_ # months ago (RANGE 0-12)
- \_\_\_\_\_ # years ago (RANGE 0-19)

-7 NEVER LIVED WITH MOM

7. In the last 6 months (OR, IF Q6<6 MONTHS, since you stopped living with her), about how often have you talked to her in person or on the telephone, or received a letter from her? Would you say. . .

- 01 Not at all, {SKIP TO SECTION B2: MOTHER FIGURE}
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 8 DON'T KNOW

8. In the last 6 months (OR since you stopped living with her), about how often have you stayed overnight with your biologic mother? Would you say. . .

- 01 Not at all,
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 8 DON'T KNOW

9. In the last 6 months which of the following things have you done with your biologic mother?	01 Yes	02 No
a. gone shopping?		
b. gone to a religious service or church-related event?		
c. talked about someone you're dating?		
d. In the last 6 months have you and your biologic mother gone to a movie, play, museum, concert, or sports event?		
e. had a talk about a personal problem you were having?		
f. had a serious argument about your behavior?		
g. In the last 6 months have you and your biologic mother talked about your school work or grades?		
h. had a vacation together?		

## **SECTION B2: MOTHER-FIGURE**

**(VIEW SCREEN A IF SECTION B0\_A=02)**

**SCREEN A : IF M-F IS NOT TEEN'S MOTHER**

In this section we will be asking about your [RELATIONSHIP OF M-F, FROM SECTION B0\_A\_SP].

**(VIEW SCREEN B IF SECTION B0\_A=03)**

**SCREEN B: IF NO M-F**

Think back to last time you lived with a family and the person who was most like a mother to you. For the next few questions we will be asking about this person.

**A. SELECT ONE:**

**01. NO M-F IN STUDY, BUT HAS M-F IN HER LIFE (ASK A\_SP)**

**SP. What is your relationship to this person? (NOTE: MAY USE HER FIRST NAME IF TEEN CANNOT SPECIFY RELATIONSHIP)?**

A\_SPECIFY \_\_\_\_\_ (Use for programming below). {GO TO QB.}

**02. NO M-F IN STUDY AND NO M-F/OTHER FIGURE IN HER LIFE {SKIP TO SECTION B3: FATHER FIGURE}**

**B. When did you last live with her?**

\_\_\_\_\_ # weeks ago  
(RANGE 0-4)

\_\_\_\_\_ # months ago  
(RANGE 0-12)

\_\_\_\_\_ # years ago  
(RANGE 0-19)

-7 NEVER LIVED WITH MOM/MOTHER-FIGURE

**C. How long has it been since you have talked with her in person?**

\_\_\_\_\_ # weeks ago  
(RANGE 0-4)

\_\_\_\_\_ # months ago  
(RANGE 0-12)

\_\_\_\_\_ # years ago  
(RANGE 0-19)

**{IF QB=NEVER LIVED WITH MOM, OR IF QC=>2YRS, SKIP TO SECTION B3: FATHER FIGURE }**



Often the relationship between a mother and daughter before she is pregnant is different from their relationship during or after pregnancy. Think back to before you were pregnant.

[FILL IN ALL "MOTHER/M-F" WITH "mother" OR INSERT M-F RELATIONSHIP FROM SECTION B0\_A\_SP OR FROM SECTION B1\_A\_SP ABOVE]

1.	Before you were pregnant, how often did your (MOTHER/M-F)...? (USE SHOWCARD 5)	01 Never	02 Rarely	03 Sometimes	04 Often
a.	...help you with your school work? Would you say...				
b.	How often did (MOTHER/M-F) talk to you about what you are doing in school. Would you say...				
c.	...ask you about homework?				
d.	...go to meetings or events at your school?				

2.	Before you got pregnant, how often did you and your (MOTHER/M-F) talk about... (STILL USING SHOWCARD 5)	01 Never	02 Rarely	03 Sometimes	04 Often
a.	...pressure from peers to join in risky behavior? Would you say...				
b.	Before you got pregnant, how often did you and your (MOTHER/M-F) talk about protecting yourself from becoming pregnant? Would you say...				
c.	...specific birth control methods?				
d.	...the time of the month when you most easily could get pregnant?				
e.	...protecting yourself from Sexually Transmitted Diseases, STDs, STIs, or AIDS?				
f.	...the role of sex in your relationships with boys?				

3.	In the last 6 months which of the following things have you done with your (MOTHER/M-F)?	01 Yes	02 No
a.	gone shopping?		
b.	gone to a religious service or church-related event?		
c.	talked about someone you're dating?		
d.	In the last 6 months, have you and your (MOTHER/M-F) gone to a movie, play, museum, concert, or sports event?		
e.	talked about your friends or a party you went to?		
f.	had a talk about a personal problem you were having?		
g.	had a serious argument about your behavior?		
h.	In the last 6 months, have you and your (MOTHER/M-F) talked about your school work or grades?		
i.	talked about other things you're doing in school?		
j.	worked on a school project or around the house together?		
k.	had a vacation together?		

4. How do you rate your level of communication with your **(MOTHER/M-F)** about sexual issues? Would you say...

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

5. How do you rate your level of communication with your **(MOTHER/M-F)** about issues not related to sex? Would you say...

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

6.	Please tell me how much you agree or disagree with the following statements. (USE SHOWCARD 6)	01 Strongly Disagree	02 Moderately Disagree	03 Neither agree nor disagree	04 Moderately Agree	05 Strongly Agree
a.	I can discuss my beliefs with my (MOTHER/M-F) without worrying that she would be upset or angry or make fun of me. Do you...					
b.	Sometimes I have trouble believing everything my (MOTHER/M-F) tells me. Do you. . .					
c.	My (MOTHER/M-F) is always a good listener.					
d.	I am sometimes afraid to ask my (MOTHER/M-F) for what I want.					
e.	My (MOTHER/M-F) has a tendency to say things to me which would be better left unsaid, or that I wish she had not said					
f.	My (MOTHER/M-F) can tell how I'm feeling without asking.					
g.	I am very satisfied with how my (MOTHER/M-F) and I talk together. (I feel good about how we talk.)					
h.	If I were in trouble I could tell my (MOTHER/M-F).					
i.	I openly show affection to my (MOTHER/M-F), for example, I can give her a hug or tell her that I love her.					
j.	When we are having a problem, I often give my (MOTHER/M-F) the silent treatment. Do you...					
k.	I am careful about what I say to my (MOTHER/M-F).					
l.	When talking to my (MOTHER/M-F), I have a tendency to say things that would be better left unsaid or things I wish I had not said. Do you. .					
m.	When I ask questions I get honest answers from my (MOTHER/M-F).					
n.	My (MOTHER/M-F) tries to understand my point of view.					
o.	There are topics I avoid discussing with my (MOTHER/M-F).					
p.	It is very easy for me to talk about my true feelings to my (MOTHER/M-F).					
q.	My (MOTHER/M-F) nags or bothers me.					
r.	My (MOTHER/M-F) insults me when she is angry with me.					
s.	I don't think I can tell my (MOTHER/M-F) how I really feel about some things.					

7.	How much does your (mother/M-F) <u>really</u> know about...? (USE SHOWCARD 7)	01 Doesn't Know at All	02 Knows a Little	03 Knows Pretty Much	04 Knows a Lot
	a. who your female friends are? Would you say she...				
	b. who your male friends are? Would you say...				
	c. how you spend your money?				
	d. what you do with your free time?				

### **SECTION B3: FATHER-FIGURE**

Please think about who is most like a father to you now.

1. How close do you feel to the person who is like a father to you? Would you say...

- 01 Not at all,
- 02 Very little,
- 03 Somewhat,
- 04 Quite a bit, or
- 05 Very much?
- 06 NO FATHER FIGURE {SKIP TO SECTION B4: BIO FATHER}

2. How much do you think he cares about you? Would you say...

- 01 Not at all,
- 02 Very little,
- 03 Somewhat,
- 04 Quite a bit, or
- 05 Very much?

3. Is this person your biologic father?

- 01 Yes {SKIP TO Q5}
- 02 No {GO TO Q4}

4. Who is this person, that is, how is he related to you?

Specify \_\_\_\_\_ (to be used for programming)

5. How far in school did your {INSERT FATHER/F-F from Q4} go?

- 01 COMPLETED GRADE SCHOOL OR LESS
- 02 SOME HIGH SCHOOL
- 03 COMPLETED HIGH SCHOOL
- 04 SOME COLLEGE
- 05 COMPLETED COLLEGE
- 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE
- 8 DON'T KNOW

6. Are you currently living with him?

- 01 Yes {SKIP TO Q9}
- 02 No

- 7 When did you last live with him?
- \_\_\_\_\_ # weeks ago (RANGE 0-4)
- \_\_\_\_\_ # months ago (RANGE 0-12)
- \_\_\_\_\_ # years ago (RANGE 0-19)
- 7 Never lived with FATHER/FF

- 8 In the last 6 months (OR since you stopped living with him), about how often have you talked to him in person or on the telephone, or received a letter from him? Would you say. . .

- 01 Not at all, {SKIP TO SECTION B4: BIO FATHER}
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 8 DON'T KNOW

9. In the last 6 months which of the following things have you done with your {INSERT F-F from Q4}?	01 Yes	02 No
a. gone shopping		
b. gone to a religious service or church-related event		
c. talked about someone you're dating		
d. In the last 6 months, have you and your (FF) gone to a movie, play, museum, concert, or sports event		
<b>(SKIP Q.9e IF Q.6=Yes)</b>		
e. stayed overnight at his place (NOTE: YES CHECKED IF LIVING WITH DAD.)		
f. had a talk about a personal problem you were having		
g. In the last 6 months, have you and your (FF) had a serious argument about your behavior		
h. talked about your school work or grades?		
i. had a vacation together?		

## **SECTION B4: BIOLOGIC FATHER**

{ASK SECTION B4 ONLY IF SECTION B3\_Q3 =02 OR B3\_Q1=06}

{IF SECTION B3\_Q3 =01 (YES, FF IS Biologic father) THEN SKIP THIS SECTION.}

Now I'd like to ask you about your biologic father.

1. Is your biologic father still living?
- 01 Yes (SKIP TO Q2)
- 02 No
- 8 Don't know (SKIP TO Q2)

- 1a. How old were you when he died?

\_\_\_\_\_ years old (RANGE 0-19)

-8 Don't know

2. How far in school did your biologic father go?

- 01 COMPLETED GRADE SCHOOL OR LESS
- 02 SOME HIGH SCHOOL
- 03 COMPLETED HIGH SCHOOL
- 04 SOME COLLEGE
- 05 COMPLETED COLLEGE
- 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE
- 8 DON'T KNOW

(IF Q.1=02 (BIO FATHER NOT LIVING), AFTER Q2, SKIP TO SECTION B5: PARENTS).

3. When did you last live with your biologic father?

\_\_\_\_\_ # weeks ago

\_\_\_\_\_ # months ago

\_\_\_\_\_ # years ago

-7 NEVER LIVED WITH DAD

01 CURRENTLY LIVING WITH DAD {SKIP TO Q5}

4. In the last 6 months (OR, since you stopped living with him), about how often have you talked to him in person or on the telephone, or received a letter from him? Would you say. . .

- 01 Not at all, {SKIP TO SECTION B5: PARENTS}
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 8 DON'T KNOW

5.	In the last 6 months which of the following things have you done with your biologic father?	01 Yes	02 No
	a. gone shopping		
	b. gone to a religious service or church-related event		
	c. talked about someone you're dating		
	d. In the last 6 months, have you and your biologic father gone to a movie, play, museum, concert, or sports event		
	<b>(SKIP Q.5e IF Q.3=01)</b>		
	e. stayed overnight at his place		
	f. had a talk about a personal problem you were having		
	g. In the last 6 months, have you and your biologic father had a serious argument about your behavior		
	h. talked about your school work or grades?		
	i. had a vacation together?		

## **SECTION B5: PARENT/PARENTAL-FIGURES**

Please tell me how often it would be true for you to make each of the following statements about your parent or parental-figures. This would be the person who knows what you're doing most of the time. If you are not currently living with that person, please think back to the time when you were living with her or them.

1. For these questions you may refer to this showcard. (USE SHOWCARD 8)	01 Never	02 Rarely	03 Sometimes	04 Most of the Time	05 Always
a. My parents know (knew) where I am (was) after school or afternoons. Is this true...					
b. If I am (was) going to be home late, I am (was) expected to call my parents. Is this true...					
c. I tell (told) my parents who I am (was) going to be with before I go (went) out.					
d. When I go (went) out at night, my parents know (knew) where I am (was).					
e. I talk(ed) with my parents about the plans I have (had) with my friends.					
f. When I go (went) out, my parents ask(ed) me where I am (was) going.					
g. When I am (was) not at home, school, or at work, my parents know (knew) who I am with.					

(STILL USING SHOWCARD 8)	01 Never	02 Rarely	03 Sometimes	04 Most of the Time	05 Always
2. I am (was) allowed to stay out past curfew as long as I call(ed) home first. Is this true...					
3. I am (was) allowed to have friends over when my parents are (were) not home as long as I tell (told) my parents beforehand.					
4. I am (was) allowed to have male friends in my bedroom.					
5. There is (was) a place in my house where I am (was) allowed to hang out with my friends where my parents won't (wouldn't) bother us.					

	01 Yes	02 No
6. Do (Did) your parents set a time that they would like (wanted) you to be home on weekend nights?		
7. Do (Did) your parents set a time that they would like (wanted) you to go to bed on week nights?		

## SECTION B6: ADULTS IN TEEN'S LIFE

1. Is there an adult whom you look up to who is not related to you or living with you? This does not include your boyfriend.

01 Yes

02 No {**SKIP TO Q. 12**}

	Adult 1	Adult 2	Adult 3
2. What is your relationship with this person?			
01. ADULT FRIEND			
02. NEIGHBOR	01	01	01
	02	02	02
03. RELIGIOUS LEADER	03	03	03
04. SOCIAL WORKER/ COUNSELOR	04	04	04
05. TEACHER	05	05	05
06. HEALTH PROFESSIONAL	06	06	06
	07	07	07
07. OTHER (ASK 1SP) 1_SP Specify _____	SP____	SP____	SP____
2a. How far in school did this person complete?			
01 COMPLETED GRADE SCHOOL OR LESS	01	01	01
	02	02	02
02 SOME HIGH SCHOOL	03	03	03
03 COMPLETED HIGH SCHOOL	04	04	04
04 SOME COLLEGE	05	05	05
05 COMPLETED COLLEGE	06	06	06
06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE			
-8 DON'T KNOW ? ASK Q.2b	-8	-8	-8
2b. Did this person go to college?			
01 Yes	01	01	01
02 No	02	02	02
-8 DON'T KNOW	-8	-8	-8
3. How often do you have contact with this person? Would you say...			
01. A few times a year or less	01	01	01
02. Once a month	02	02	02
03. A few times a month	03	03	03
04. Once a week	04	04	04
05. A few times a week	05	05	05
4. Who makes contact in this relationship? Would you say...			
01 You do	01	01	01
02 They do	02	02	02
03 Both make an equal amount of contact	03	03	03
5. Do you go to this person to talk about things that are personal?			
01. Yes	01	01	01
02. No	02	02	02
6. Do you get guidance or advice from this person about planning for your future?			
01. Yes	01	01	01
02. No	02	02	02

	Adult 1	Adult 2	Adult 3
7. Can you count on this person to be there for you or to help you when you need something?  01. Yes 02. No	01 02	01 02	01 02
8. How important do you think it is to this person that you <u>continue your education</u> ? (USE SHOWCARD 9) Would you say... 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04	01 02 03 04
9. How important is it to this person that you <u>get a good job</u> or be successful in a career? (STILL USING SHOWCARD 9) Would you say... 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04	01 02 03 04
10. If you got pregnant again before your child was 2 years old, would this person (USE SHOWCARD 10) 01. Disapprove 02. Somewhat Disapprove 03. Neither Approve nor Disapprove 04. Somewhat Approve 05. Approve	01 02 03 04 05	01 02 03 04 05	01 02 03 04 05 <b>(SKIP TO SECTION C)</b>
11. Is there another adult whom you look up to who is <u>not related</u> to you or living with you? 01. Yes  02. No	01 <b>{GO BACK TO Q.2}</b> 02 No <b>{SKIP TO SECTION C}</b>	01 <b>{GO BACK TO Q.2}</b> 02 No <b>{SKIP TO SECTION C}</b>	

12. Is there an adult who you look up to who is related to you, but is not living with you? This does not include your boyfriend/husband.

- 01 Yes  
02 No **{SKIP TO SECTION C}**

	Relative
13. What is your relationship with this person?  01. AUNT 02. UNCLE 03. GODMOTHER 04. GODFATHER 05. GRANDMOTHER 06. GRANDFATHER 07. COUSIN 08. OTHER (ASK 13SP) 13_SP Specify _____	01 02 03 04 05 06 07 08 SP _____



	Relative
14. How far in school did this person complete?	
01 COMPLETED GRADE SCHOOL OR LESS	01
02 SOME HIGH SCHOOL	02
03 COMPLETED HIGH SCHOOL	03
04 SOME COLLEGE	04
05 COMPLETED COLLEGE	05
06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE	06
-8 DON'T KNOW ?ASK Q. 14a	
14a. Did this person go to college?	
01. Yes	01
02. No	02
-8. DON'T KNOW	-8
15. How often do you have contact with this person?	
01. A few times a year or less	01
02. Once a month	02
03. A few times a month	03
04. Once a week	04
05. A few times a week	05
16. Who makes contact in this relationship?	
01 You do	01
02 They do	02
03 Both make an equal amount of contact	03
17. Do you go to this person to talk about things that are personal?	
01. Yes	01
02. No	02
18. Do you get guidance or advice from this person about planning for your future?	
01. Yes	01
02. No	02
19. Can you count on this person to be there for you or to help you when you need something?	
01. Yes	01
02. No	02
20. How important is it to this person that you <u>continue your education</u> ? (USE SHOWCARD 9)	
01. Very Important	01
02. Somewhat Important	02
03. Not Very Important	03
04. Not at all Important	04
21. How important is it to this person that you <u>get a good job</u> or be successful in a career? (STILL USING SHOWCARD 9)	
01. Very Important	01
02. Somewhat Important	02
03. Not Very Important	03
04. Not at all Important	04

	Relative
22. If you got pregnant again before you child is 2 years old, would this person (USE SHOWCARD 10)	
01. Disapprove	01
02. Somewhat Disapprove	02
03. Neither Approve nor Disapprove	03
04. Somewhat Approve	04
05. Approve	05

## SECTION C: TEEN ATTITUDES

1. How important is it to you that you: (USE SHOWCARD 11)	01 Not at all Important	02 Not very Important	03 Somewhat Important	04 Very Important
a. Do your chores. Is this. . .				
b. Find a job. Is this. . .				
c. Are a good daughter.				
d. Be a good mother.				
e. Are a good citizen.				
f. Find solutions to important problems that affect you or people you care about.				

2. I'm going to read you some statements. The first one is... (USE SHOWCARD 12)	01 Not at all like you	02 A little like you	03 Quite like you	04 Very much like you
a. I am good at making and keeping friends. Would people who know you say that this is...				
b. I am good at planning ahead. Would people who know you say that this is...				
c. I know how to say "no" when someone wants me to do things I know are wrong or dangerous.				
d. I think through the possible good and bad results of different choices before I make decisions. Would people who know you say that this is...				
e. I save money for something special rather than spending it all right away.				

3. For these next statements, tell me how much you agree or disagree. (USE SHOWCARD 13)	01 Strongly agree	02 Agree	03 Disagree	04 Strongly Disagree
a. I have little or no control over the things that happen to me. Do you. . .				
b. There is really no way I can solve some of the problems I have. Do you. .				
c. There is little I can do to change many of the important things in my life.				
d. I often feel helpless in dealing with the problems of life.				
e. Sometimes I feel that I am being pushed around in life.				
f. What happens to me in the future mostly depends on me.				
g. I can do just about anything I set my mind to do.				

## SECTION D: TEEN ROUTINES AND RESPONSIBILITIES

Now we are going to talk about your routines and responsibilities before you were pregnant.

1. Before you were pregnant, what time did you usually go to bed at night on a weekday?

\_\_\_:00 am/pm

2. Before you were pregnant, what time did you usually get up on a weekday?

\_\_\_:00 am/pm

Now what about the weekend.

3. Before you were pregnant, what time did you usually go to bed at night on the weekend?

\_\_\_:00 am/pm

4. Before you were pregnant, what time did you usually get up on the weekend?

\_\_\_:00 am/pm

5.	For the next few questions think about your regular routines before you became pregnant in a typical week. (USE SHOWCARD 14)	# Days (LIMIT 0-7)
a.	Before you got pregnant, how many days in a typical week did you do work around the house, such as cleaning, cooking, or doing laundry?	
b.	Before you got pregnant, how many days in a typical week did you do hobbies, such as playing a musical instrument, reading, crocheting, sewing, writing or doing art projects?	
c.	How many days in a typical week did you play on a team sport, such as softball, basketball, soccer, volleyball, track, gymnastics, cheering clubs or step clubs?	
d.	How many days in a typical week did you do exercise, such as jogging, walking, karate, jumping rope, or dancing?	
e.	Still thinking back to before you got pregnant, how many days in a typical week did you just hang out with friends?	
f.	How many days in a typical week did you participate in activities at a neighborhood recreation or community center?	
g.	How many days in a typical week did you participate in any after school activities at your school?	

Now think back to just before your delivery.

6. During one of those typical weeks, for how many hours did you watch TV, videos, or play video games?

\_\_\_\_\_

7.	For the next few questions, please tell me how true these statements are for you. (USE SHOWCARD 15)	01 Very True	02 Quite True	03 A Little True	04 Not at All True
a.	I'm the kind of person who will try anything once, even if it's not that safe. Would you say this is...				
b.	People who get me angry better watch out. Would you say this is...				
c.	I like to do exciting things even if they are dangerous.				

8.	For the following statements, please tell me how often this is like you. (USE SHOWCARD 16)	01 Never or Rarely	02 Sometimes	03 Most of the Time	04 Always
a.	I do things without giving them enough thought. Would you say this is like you...				
b.	If someone tries to hurt me, I make sure I get even with them. Would you say this is like you...				
c.	I become "wild and crazy" and do things that other people might not like.				
d.	When I'm doing something for fun such as partying, acting silly, I tend to get carried away and go too far.				
e.	I lose my temper and "let people have it" when I'm angry.				
f.	When someone tries to start a fight with me I fight back.				

9.	Please use this showcard for the next few questions. How often.... (STILL USING SHOWCARD 16)	01 Never or Rarely	02 Sometimes	03 Most of the Time	04 Always
a.	do you do what you say you're going to do?				
b.	do you do what is asked of you?				
c.	are you on time?				
d.	do you save money?				

## SECTION E: PROBLEM BEHAVIORS OF FRIENDS

Among the people you consider to be your closest friends who are girls, how many would you say...? (USE SHOWCARD 17)	01 None	02 A Few	03 Some	04 Most	05 All
1. Drink alcohol once a week or more? Would you say...					
2. Have used drugs such as marijuana? Would you say..					
3. Have used other drugs such as cocaine?					
4. Do well in school?					
5. Plan to go to college?					
6. Get into trouble at school?					
7. Have had a baby?					
8. Have had an abortion?					
9. Have had two or more babies?					

## SECTION F: CONTRACEPTIVE USE/PHYSICAL DEVELOPMENT

Now I'm going to ask you about birth control.

1. What birth control methods were ever recommended to you or your partner by your doctor, a clinic, or Planned Parenthood before or during your pregnancy? (MARK ALL THAT APPLY)

- 01. NONE
  - 02. CONDOMS
  - 03. BIRTH CONTROL PILLS
  - 04. DEPO PROVERA (SHOTS)
  - 05. PATCH
  - 06. NORPLANT (IMPLANT)
  - 07. VAGINAL RING
  - 08. VAGINAL SPONGE
  - 09. FOAM/JELLY/CREAM/FILM/SUPPOSITORIES
  - 10. DIAPHRAGM
  - 11. IUD
  - 12. RHYTHM/SAFE DAYS OF THE MONTH/TEMPSAFE
  - 13. WITHDRAWAL
  - 14. DOUCHING
  - 15. ABSTINENCE
  - 16. MORNING AFTER PILL
  - 17. OTHER (GO TO 1sp)
- 1sp: \_\_\_\_\_

2. In the past, before you got pregnant, which of the following methods of birth control did you or your partners use?

	<u>YES</u>	<u>NO</u>
a. Condoms?	01	02
b. Birth control pills?	01	02
c. Depo Provera (shots)?	01	02
d. Patch?	01	02
e. Norplant (implant)?	01	02
f. Vaginal ring?	01	02
g. Vaginal sponge?	01	02
h. Foam, jelly, cream, film, or suppositories?	01	02
i. Diaphragm?	01	02
j. IUD?	01	02
k. Rhythm or safe days of the month or tempsafe?	01	02
l. Withdrawal?	01	02
m. Douching?	01	02
n. Abstinence?	01	02
o. Morning after pill?	01	02
IF YES: p. How many times? ____ times (RANGE 1-99)		
q. Any other method of birth control?	01	02
IF YES: r. SPECIFY: _____		

**{IF a-j and q ARE ALL "NO", SKIP TO Q.4 AND THEN SKIP TO SECTION G.}**

These next few questions refer to sexual intercourse. By that we mean when the male puts his penis in a female's vagina.

3. Before you got pregnant, when you had sexual intercourse did you always use some form of birth control?

- 01 Yes **{SKIP TO Q.7}**
- 02 No **{ASK Q.4}**

4. Did you not always use birth control because. . .

	<u>YES</u>	<u>NO</u>
a. Your parents wouldn't allow it?	01	02
b. You were afraid to ask?	01	02
c. You never thought of it?	01	02
d. You didn't know where to go?	01	02
e. You had no transportation to get it?	01	02
f. It was too expensive?	01	02
g. It was too much hassle to use?	01	02
h. You were afraid of side effects?	01	02
i. You lost the prescription?	01	02
j. You didn't care if you got pregnant?	01	02
k. You didn't expect to get pregnant?	01	02
l. Your partner didn't like it?	01	02
m. You didn't like it?	01	02
n. It was too hard to get?	01	02
o. You thought it wouldn't work?	01	02
p. You didn't have any available?	01	02
q. Your religion wouldn't allow it?	01	02
r. You didn't plan to have sex?	01	02
s. Any other reason?	01	02

IF s=YES: 4sp. SPECIFY \_\_\_\_\_

**{IF Q.2 a-j and q ALL ARE "NO", THEN SKIP TO Q. 9 NOW.}**

5. In the month before you got pregnant, when you had sexual intercourse how often did you use some form of birth control? (USE SHOWCARD 18). Would you say...

- 01 Never
- 02 Hardly ever
- 03 Some of the time
- 04 Most of the time
- 05 Always **(SKIP TO Q.7)**

6. Why did you not always use birth control the month before you became pregnant?  
(DO NOT READ. SELECT ALL THAT APPLY.)

- 01. YOUR PARENTS WOULDN'T ALLOW IT
- 02. YOU WERE AFRAID TO ASK
- 03. YOU NEVER THOUGHT OF IT
- 04. YOU DIDN'T KNOW WHERE TO GO
- 05. YOU HAD NO TRANSPORTATION TO GET IT
- 06. IT WAS TOO EXPENSIVE
- 07. IT WAS TOO MUCH HASSLE TO USE
- 08. YOU WERE AFRAID OF SIDE EFFECTS
- 09. YOU LOST THE PRESCRIPTION
- 10. YOU DIDN'T CARE IF YOU GOT PREGNANT
- 11. YOU DIDN'T EXPECT TO GET PREGNANT
- 12. YOUR PARTNER DIDN'T LIKE IT
- 13. YOU DIDN'T LIKE IT
- 14. IT WAS TOO HARD TO GET
- 15. YOU THOUGHT IT WOULDN'T WORK
- 16. YOU DIDN'T HAVE ANY AVAILABLE
- 17. YOUR RELIGION WOULDN'T ALLOW IT
- 18. YOU DIDN'T PLAN TO HAVE SEX
- 19. Other

6\_SP: SPECIFY \_\_\_\_\_

**{AFTER Q.6, SKIP TO Q.8}**

7. Why do you think it didn't work? (MARK ALL THAT APPLY)
- 01. CONDOM BROKE
  - 02. SKIPPED A PILL
  - 03. LATE GETTING A SHOT
  - 04. PATCH FELL OFF
  - 05. I DIDN'T USE IT CORRECTLY
  - 06. I DON'T KNOW
  - 07. OTHER (ASK 7SP)
- 7SP. SPECIFY: \_\_\_\_\_
8. What medical problems or side effects have you had with birth control in the past? MARK ALL THAT APPLY
- 01. NONE
  - 02. MOOD CHANGES/DEPRESSION
  - 03. WEIGHT GAIN
  - 04. HEADACHES
  - 05. BLEEDING BETWEEN PERIODS (MESSED UP PERIODS)
  - 06. ACNE
  - 07. HAIR LOSS
  - 08. OTHER SIDE EFFECTS (ASK 8SP)
- 8SP SPECIFY \_\_\_\_\_

## SECTION G: HEALTH PRACTICES – ATTITUDES & KNOWLEDGE

1. Imagine that sometime in the future you were to have sexual intercourse with someone just once, but were unable to use any method of birth control for some reason. What is the chance that you would get pregnant?
- 01 Almost no chance
  - 02 Some chance, but probably not
  - 03 A 50-50 chance
  - 04 A good chance
  - 05 Almost certain
  - 8 DON'T KNOW
- For the next few statements, please tell me which phrase you think best completes the sentence.
2. A woman is most likely to get pregnant if she has intercourse:
- 01 a day or so before her period
  - 02 during her period
  - 03 halfway between periods
  - 04 risk is the same throughout
  - 8 DON'T KNOW
3. A sperm can stay alive and able to fertilize an egg in the woman's body for as long as:
- 01 two hours
  - 02 1-2 days
  - 03 3-7 days
  - 8 DON'T KNOW

4 The least reliable method of birth control is:

- 01 condom
- 02 withdrawal
- 03 rhythm/safe days of the month
- 04 birth control pills
- 8 DON'T KNOW

5. The most reliable method of birth control is:

- 01 condom
- 02 depo provera (shots)
- 03 birth control pills
- 04 rhythm/safe days of the month
- 8 DON'T KNOW

## SECTION H: PREGNANCY HISTORY OF TEEN AND HER FAMILY

1.	Please tell me how much you agree or disagree with the following statements. (USE SHOWCARD 19)	01 Strongly Agree	02 Agree	03 Neither agree nor disagree	04 Disagree	05 Strongly Disagree
a.	When you got pregnant, it was embarrassing for your family. Do you...					
b.	When you got pregnant, it was embarrassing for you. Do you...					
c.	When you got pregnant, you felt that you had to quit school.					
d.	When you got pregnant, you were forced to grow up too fast.					
e.	When you got pregnant you had to decide whether or not to have the baby and that was stressful and difficult.					

2. Have you ever been pregnant before this time?

- 01 Yes
- 02 No {SKIP TO Q7}

3. Not including this past pregnancy, how many times have you been pregnant before?

\_\_\_\_\_ times (RANGE 0-7) (use # for next question)

**IF Q.3= "0", SKIP TO Q. 7**

	Pregnancy Number						
	1	2	3	4	5	6	7
4. How old were you when you became pregnant with the {insert #} pregnancy? (RANGE 10-19)	_____	_____	_____	_____	_____	_____	_____



	Pregnancy Number						
	1	2	3	4	5	6	7
5. Did you want to get pregnant with that partner at that time?							
01 Definitely no	01	01	01	01	01	01	01
02 Probably no	02	02	02	02	02	02	02
03 Neither wanted nor didn't want	03	03	03	03	03	03	03
04 Probably yes	04	04	04	04	04	04	04
05 Definitely yes	05	05	05	05	05	05	05
6. How did this pregnancy end?							
01. ABORTION	01	01	01	01	01	01	01
02. STILLBIRTH	02	02	02	02	02	02	02
03. MISCARRIAGE	03	03	03	03	03	03	03
04 OTHER (ASK 6SP)	04	04	04	04	04	04	04
6SP Specify:	_____	_____	_____	_____	_____	_____	_____

7 Were any of your brothers or sisters, or cousins who you lived with, less than 20 years old when they had their first child?

- 01 Yes
- 02 No (SKIP TO SECTION I, Q.1)
- 03 No siblings (SKIP TO SECTION I, Q.1)

8. How many of your sisters or female cousins who you lived with were, less than 20 when they had their first child?

\_\_\_\_\_ (RANGE 0-99)

-7 NO SISTERS/FEMALE COUSINS

9. How many of your brothers who you lived with were less than 20 when they had their first child?

\_\_\_\_\_ (RANGE 0-99)

-7 NO BROTHERS

## SECTION I: ACCESS TO HEALTH SERVICES

1. How many months pregnant were you when you had your first prenatal visit for your recent pregnancy?

\_\_\_\_\_ months pregnant (RANGE 0-12)

2. In the 12 months before you got pregnant, did you meet with a health provider, a doctor, or a nurse?

- 01 Yes
- 02 No
- 8 DON'T KNOW

3. In the 12 months before you got pregnant, did you receive advice, services, or a prescription from a health provider for preventing pregnancy or STDs or STI's?

01 Yes {SKIP TO Q4}  
02 No {GO TO Q3a}  
-8 DON'T KNOW {SKIP TO Q5}  
REFUSED {SKIP TO Q5}

- 3a. Why not? {ANSWER, THEN SKIP TO Q5}  
(SELECT ALL)

01 PARENTS WOULDN'T ALLOW IT  
02 HEALTH PROVIDER DIDN'T BRING IT UP  
03 AFRAID TO ASK  
04 NEVER THOUGHT OF IT  
05 DIDN'T DISCUSS SEX  
06 WASN'T HAVING SEX  
07 OTHER (ASK 3aSP)  
3aSP: SPECIFY \_\_\_\_\_

4. Where did you receive that advice or service?

01 PRIVATE DOCTOR'S OFFICE  
02 COMMUNITY HEALTH CLINIC  
03 SCHOOL  
04 HOSPITAL  
05 SOME OTHER PLACE

5. In the past 2 years or 24 months, have you received any psychological or emotional counseling or been in a drug/alcohol abuse program?

01 Yes  
02 No  
-8 DON'T KNOW

6. Finally, what is your motivation to participate in this study? Please select the statement that best describes why you volunteered to participate. (SELECT ALL THAT APPLY)

I volunteered for this study because:

01. I wanted to learn about how to reach my goals.  
02. I wanted to help other girls who have a baby.  
03. I wanted to get the money for doing this study.  
04. I wanted the chance to get a cell phone.  
05. Other (ASK 6SP)  
6SP Specify: \_\_\_\_\_